

SEP 15 2006

Please type a plus sign (+) inside this box +PTO/SB/21 (08-00)
Approved for use through 10/31/02. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/660,873
Filing Date	Sept. 12, 2003
First Inventor	Michael Alex
Confirmation No.	8666
Group Art Unit	2627
Examiner Name	Davidson
Attorney Docket No.	KOM004-2C US

Total Number Of Pages In This Submission

18

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
(1 page in duplicate) | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to
Group |
| <input checked="" type="checkbox"/> Fee Attached CREDIT
CARD PYMT FORM(1 pg) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of
Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment (14 pages) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1
page in duplicate) | <input type="checkbox"/> Power of Attorney, Revocation of
Previous Powers; And Statement
Under 37 CFR 3.73(b) | <input type="checkbox"/> Other Enclosure(s) (please identify
below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> This is a Response to Missing Parts/
Incomplete Application under 37 CFR
1.52 or 1.53 | <div style="border: 1px solid black; padding: 5px;"> Remarks

 Please charge Deposit Account 50-2263 for any underpaid fee.

 This is a general authorization for the above-identified application. </div> | |
| <input type="checkbox"/> Copy of Notice To File Missing
Parts (2 pages) | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
-------------------------------	---

Signature



Date

September 15, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number 571-273-8300 on September 15, 2006.


Attorney for Applicant(s)

Sept 15, 2006
Date of Signature